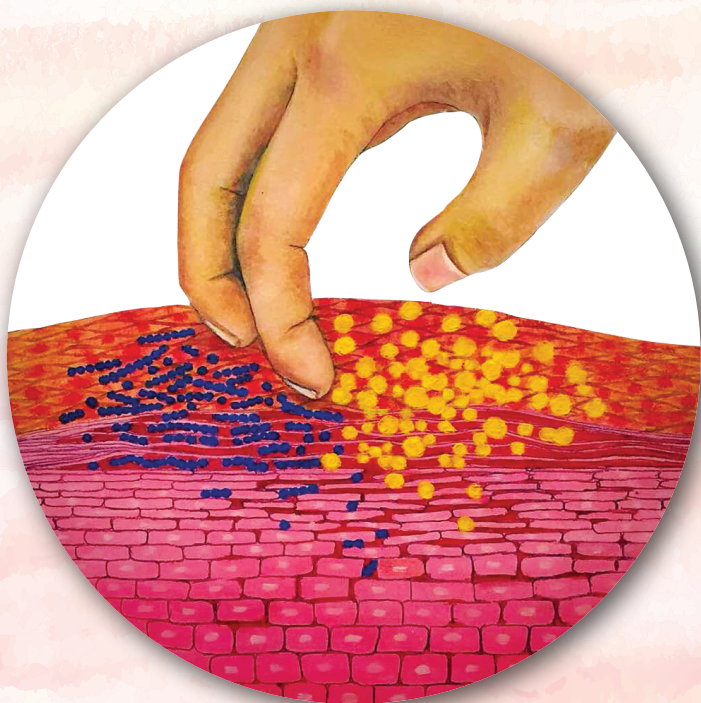


QUICK REFERENCE FOR HEALTHCARE PROVIDERS

# MANAGEMENT OF ATOPIC ECZEMA



Ministry of Health  
Malaysia



Persatuan Dermatologi  
Malaysia



Academy of  
Medicine Malaysia

## KEY MESSAGES

1. Atopic eczema (AE) is a clinical diagnosis based on the U.K. Working Party's Diagnostic Criteria for Atopic Dermatitis (refer to **Table 1**).
2. Serum immunoglobulin E levels, patch test, skin prick test and skin biopsy should not be used as diagnostic tools for AE.
3. Management of AE depends on the disease severity and quality of life assessment (refer to **Algorithm 1** and **2**).
4. Emollient therapy is the mainstay of treatment at any stage of AE.
5. Topical corticosteroids (TCS) should be used appropriately for treatment of flares in AE (refer to **Table 3**).
6. Topical calcineurin inhibitors may be considered to treat flares in AE for patients aged two years and above.
7. Ultraviolet A1 may be used to control acute flares and narrow-band ultraviolet B in moderate to severe chronic AE.
8. Antihistamines should not be used as monotherapy or to substitute topical therapy in AE.
9. Systemic corticosteroids may be considered for short-term control of severe acute exacerbation of AE.
10. Immunomodulating agents such as azathioprine, cyclosporin A, methotrexate or mycophenolate may be used in the treatment of severe AE after optimisation of topical treatment.
11. Educational interventions should be considered as part of the management of AE (refer to **Table 4**).

This Quick Reference provides key messages and a summary of the main recommendations in the Clinical Practice Guidelines (CPG) Management of Atopic Eczema.

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites:

Ministry of Health Malaysia : [www.moh.gov.my](http://www.moh.gov.my)

Academy of Medicine Malaysia : [www.acadmed.org.my](http://www.acadmed.org.my)

Persatuan Dermatologi Malaysia : [www.dermatology.org.my](http://www.dermatology.org.my)

### CLINICAL PRACTICE GUIDELINES SECRETARIAT

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**TABLE 1. THE U.K. WORKING PARTY'S DIAGNOSTIC CRITERIA FOR ATOPIC DERMATITIS**

**THE U.K. WORKING PARTY'S DIAGNOSTIC CRITERIA FOR ATOPIC DERMATITIS**

Patient must have an itchy skin condition (or parental report of scratching or rubbing in a child) plus 3 or more of the following:

- history of involvement of the skin creases e.g. folds of elbows, behind the knees, fronts of ankles or around the neck (including cheeks in children under 10 years old)
- a personal history of asthma or hay fever (or history of atopic disease in a first-degree relative in children under 4 years old)
- a history of a general dry skin in the last year
- visible flexural eczema (or eczema involving the cheeks/forehead and outer limbs in children under 4 years old)
- onset under the age of 2 (not used if child is under 4 years old)

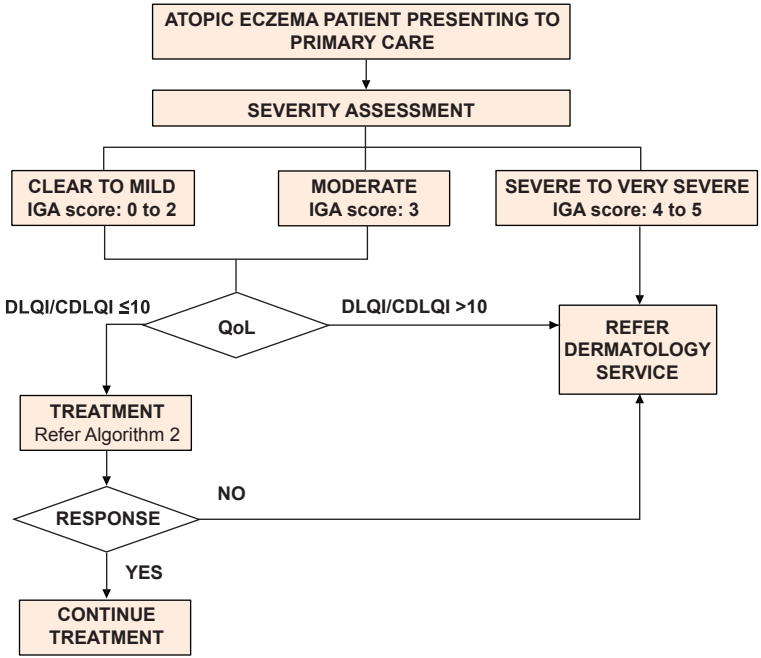
**TABLE 2. CRITERIA FOR REFERRAL**

**CRITERIA FOR REFERRAL**

The urgency for referral to a dermatologist is divided into the following categories:

1. Urgent referral (within 24 hours)
  - AE with clinical suspicion of eczema herpeticum (eczema with widespread herpes simplex infection)
  - AE with severe skin bacterial infection that requires intravenous antibiotics
  - AE with acute erythroderma where the eczema is affecting >80% body surface area
2. Non-urgent referral
  - Diagnostic uncertainty
  - Severe or uncontrolled eczema:
    - requirement of potent and very potent TCS
    - frequent infections
    - poor sleep or excessive scratching
    - treatment failure with appropriate topical therapy regimen
  - Parental concern
  - Need for treatment demonstration/education
  - Involvement of sites that are difficult to treat
  - Psychological disturbance on the patient or family

**ALGORITHM 1. MANAGEMENT OF ATOPIC ECZEMA IN PRIMARY CARE**



**Investigator’s Global Assessment**

Score	Description
<b>0 = Clear</b>	No inflammatory signs of atopic eczema
<b>1 = Almost clear</b>	Just perceptible erythema, and just perceptible papulation/infiltration
<b>2 = Mild disease</b>	Mild erythema, and mild papulation/infiltration
<b>3 = Moderate disease</b>	Moderate erythema, and moderate papulation/infiltration
<b>4 = Severe disease</b>	Severe erythema, and severe papulation/infiltration
<b>5 = Very severe disease</b>	Severe erythema, and severe papulation/infiltration with oozing/crusting

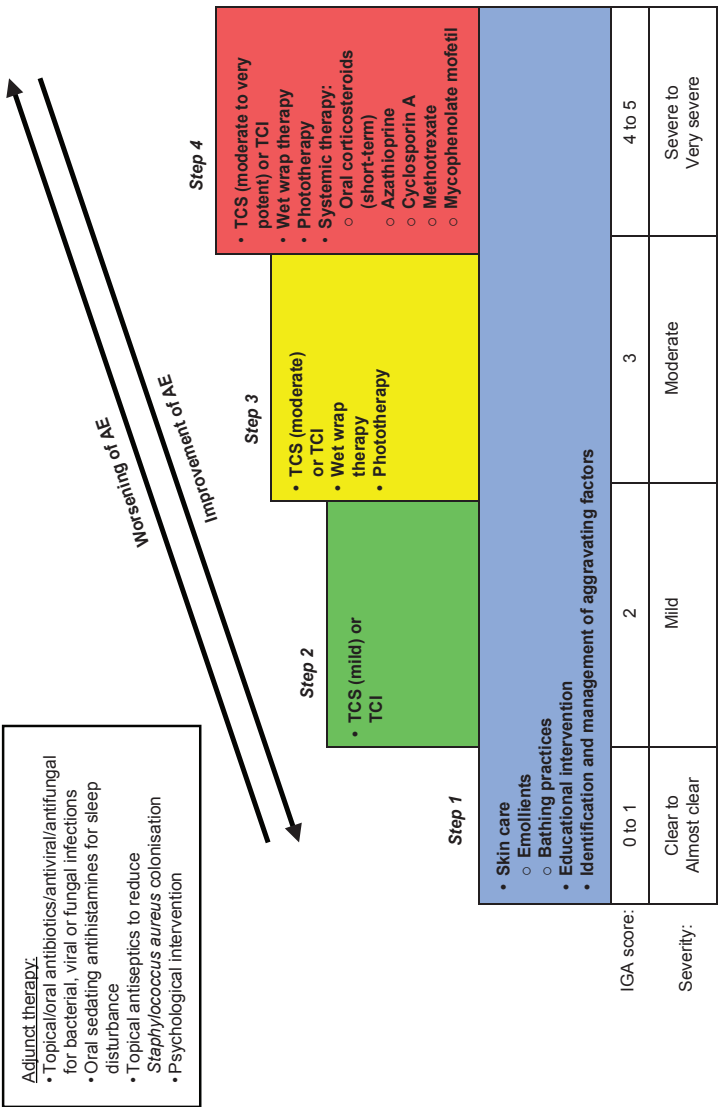
IGA : Investigators’ Global Assessment

QoL : Quality of life

DLQI : Dermatology Life Quality Index

CDLQI: Children’s Dermatology Life Quality Index

## ALGORITHM 2. TREATMENT OF ATOPIC ECZEMA



IGA: Investigators' Global Assessment; TCS: Topical corticosteroids; TCI: Topical calcineurin inhibitors




**TABLE 3. RECOMMENDED TOPICAL CORTICOSTEROIDS DOSING, SIDE EFFECTS AND CONTRAINDICATIONS**

DRUG	RECOMMENDED DOSAGE	POSSIBLE SIDE EFFECTS	CONTRAINDICATION	SPECIAL PRECAUTIONS
<b>TOPICAL CORTICOSTEROIDS</b>				
<b>Mild</b>				
Betamethasone Valerate 1 in 10 dilution (0.01%) Cream/Ointment	1 - 2 times daily	Worsening of untreated infection, contact dermatitis, perioral dermatitis, acne, depigmentation, dryness, hypertrichosis, secondary infection, skin atrophy, pruritus, tingling/stinging, rosacea, folliculitis, photosensitivity	Untreated bacterial, fungal or viral skin lesions in rosacea and perioral dermatitis	Avoid prolonged use Caution when used on face or intertriginous and flexor areas
Betamethasone Valerate 1 in 8 dilution (0.0125%) Cream/Ointment				
Hydrocortisone Acetate 1% Cream/Ointment				
<b>Moderate</b>				
Betamethasone Valerate 1 in 2 dilution (0.05%) Cream /Ointment	1 - 2 times daily			
Betamethasone Valerate 1 in 4 dilution (0.025%) Cream/Ointment				
Clobetasone Butyrate 0.05% Cream/Ointment				

**TABLE 3. RECOMMENDED TOPICAL CORTICOSTEROIDS DOSING, SIDE EFFECTS AND CONTRAINDICATIONS**

DRUG	RECOMMENDED DOSAGE	POSSIBLE SIDE EFFECTS	CONTRAINDICATION	SPECIAL PRECAUTIONS
<b>TOPICAL CORTICOSTEROIDS</b>				
<b>Potent</b>				
Betamethasone Dipropionate 0.05% Cream /Ointment				
Betamethasone Valerate 0.1% Cream /Ointment				
Fluocinolone Acetonide 0.025% Cream	1 - 2 times daily	Worsening of untreated infection, contact dermatitis, perioral dermatitis, acne, depigmentation, dryness, hypertrichosis, secondary infection, skin atrophy, pruritus, tingling/stinging, rosacea, folliculitis, photosensitivity	Untreated bacterial, fungal or viral skin lesions in rosacea and perioral dermatitis	Avoid prolonged use Caution when used on face or intertriginous and flexor areas
Fluticasone Propionate 0.05% Cream				
Triamcinolone Acetonide 0.1% Cream				
Mometasone Furoate 0.1% Cream/Ointment	Once daily			
<b>Very Potent</b> Clobetasol Propionate 0.05% Cream/Ointment	1 - 2 times daily			

**TABLE 4. WRITTEN ECZEMA ACTION PLAN**

<b>NAME:</b>	<b>GREEN = GO</b> : Use preventive measures <b>YELLOW = CAUTION:</b> Use lower strength medications <b>RED = FLARE</b> : Use higher strength medications and consult your doctor
<b>GREEN</b> 	<p style="text-align: center;"><b>ECZEMA UNDER CONTROL</b></p> <p><b>REGULAR DAILY SKIN CARE</b></p> <ol style="list-style-type: none"> <li>1. Bath twice a day with gentle cleanser less than 10 minutes.</li> <li>2. Apply moisturiser to all body parts immediately after bath.</li> <li>3. Apply moisturiser to all body parts minimum thrice a day.</li> <li>4. Bath and moisturise your skin before bed.</li> <li>5. Wear suitable cloth/pyjamas, preferably cotton, to bed.</li> </ol>
<b>YELLOW</b> 	<p style="text-align: center;"><b>ECZEMA WORSENING</b></p> <p><b>SKIN CARE DURING WORSENING</b></p> <ol style="list-style-type: none"> <li>1. Continue regular skin care from GREEN phase.</li> <li>2. Apply anti-inflammatory creams till eczema clears. <ol style="list-style-type: none"> <li>2a. Face: Apply hydrocortisone 1% twice a day for 5 - 7 days, then once a day for 5 - 7 days till eczema clears.</li> <li>2b. Body: Apply betamethasone (1:4) twice a day for 5 - 7 days, then once a day for 5 - 7 days till eczema clears.</li> </ol> </li> <li>3. Take antihistamine (anti-itch), prescribed by doctor, half an hour before bed.</li> <li>4. If eczema gets better, revert back to GREEN phase.</li> <li>5. If eczema not responding within 3 days or eczema and itch worsens, move to RED phase.</li> </ol>
<b>RED</b> 	<p style="text-align: center;"><b>UNCONTROLLED ECZEMA</b></p> <p><b>SKIN CARE DURING UNCONTROLLED ECZEMA</b></p> <ol style="list-style-type: none"> <li>1. Continue regular skin care form GREEN phase.</li> <li>2. Bath daily with antiseptic wash for 5 - 7 days.</li> <li>3. Apply anti-inflammatory creams till eczema clears. <ol style="list-style-type: none"> <li>3a. Face: Apply betamethasone (1:8) twice a day for 5 - 7 days, then once a day for 5 - 7 days till eczema clears.</li> <li>3b. Body: Apply betamethasone (1:2) twice a day for 5 - 7 days, then once a day for 5 - 7 days till eczema clears.</li> </ol> </li> <li>4. Take antihistamine (anti-itch), prescribed by doctor, half an hour before bed.</li> <li>5. If eczema gets better revert back to YELLOW phase, then subsequently to GREEN phase.</li> <li>6. If eczema not responding within 3 days or eczema and itch worsens, consult your doctor.</li> </ol>